

# CORPORATE MANAGEMENT GROUP

## Employment Application

Office Hours: Monday-Friday 9am-3pm

Office Number: 507-838-5994

Office Address: 1232 Valley High Dr NW Rochester, Mn 55901



### Applicant Information

(APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS AND A BACKGROUND CHECK WILL BE COMPLETED)

Please fully complete pages 1-3

Full Name: (Last Name, First Name) Hoffman Shawn Date: 9-28-21

Address: (Street Address) 835 Franklin Ave (Apt. /Unit #) \_\_\_\_\_

(City) Wassenaar (State) MN (ZIP Code) 55781

Phone: 651-564-2404 Email: dak42188@gmail.com

Social Security No. 477-76-3454 Date Available: 10-6

Position Applied for: Intake operator Day Desired Wage: 19.25/hr

Shift Available to work: ☒ 1<sup>st</sup> ☐ 2<sup>nd</sup> ☐ 3<sup>rd</sup> Employment desired: ☒ Full-Time ☐ Part-Time

Are you authorized to work in the U.S.? ☒ Yes ☐ No

How did you hear about us? Indeed Referral Name: \_\_\_\_\_

If under 18, please list age: 39

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? ☐ No ☐ Yes

| Education      |                             |                                     |                           |                |
|----------------|-----------------------------|-------------------------------------|---------------------------|----------------|
| Type of School | Name of School              | Location (Complete Mailing Address) | Number of Years Completed | Major & Degree |
| High School    | <u>Red wing High School</u> |                                     | <u>4</u>                  |                |

Coll \_\_\_\_\_  
Bus \_\_\_\_\_  
Pr \_\_\_\_\_

Intake Op.  
Plainview  
Call Start Date  
NHO  
No positions upload  
Day Plainview

8am  
4pm  
8am off  
22nd off.

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#### Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Wage: \$ \_\_\_\_\_ Ending Wage: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for reference? ☐ Yes ☐ No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Wage: \$ \_\_\_\_\_ Ending Wage: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for reference? ☐ Yes ☐ No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Wage: \$ \_\_\_\_\_ Ending Wage: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for reference? ☐ Yes ☐ No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Wage: \$ \_\_\_\_\_ Ending Wage: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for reference? ☐ Yes ☐ No

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### PLEASE READ CAREFULLY APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Corporate Management Group, Inc.,

I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Corporate Management Group, Inc. (CMG), or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by an officer of CMG. Both the undersigned and CMG may end the employment relationship at any time, without specified notice or reason. If employed, I understand that CMG may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination. I hereby give CMG permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release CMG from any liability as a result of such contact.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by CMG policies.

I release CMG and other persons or entities from any claims that might be based on CMG's decision to conduct a background check.

I understand that, in connection with the routine processing of your employment application, CMG may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, CMG will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with CMG shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with CMG is terminable at will for any reason by either party.

Signature of applicant

Date:

9-28-21



## New Employee Acknowledgement Form

Welcome to CMG and Plainview Milk!

As a new employee, you will be provided with the website, username and password to view the new hire forms that you signed during your CMG interview. Please sign and date the bottom of the sheet stating that you received your login information.

**CMG/ ESSG**

**Healthcare Notice of Exchange and Website for Enrollment**

**Safety Policy**

**Drug and Alcohol Testing Policy**

**View Paystubs**

**Website:** <https://zenople.esgazure.com/login/cmg>

\*\* do not fill out the below login name and password, CMG will provide you with this information \*\*

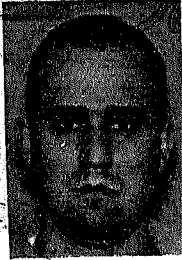
**Login Name:** 10515647404

**Login Password:** Sh@3494

I hereby acknowledge that I have been provided with the login information to view the items listed above. I understand that it is my responsibility to read and follow each document provided to me and that if I have any questions concerning the times or its content, that it is my responsibility to address my questions with my supervisor or CMG representative, and hereby waive any claim, now or in the future, that I did not receive, did not read or did not comprehend the items or their contents.

**Signature:** [Signature] **Date:** 9-28-21

**MINNESOTA**  
**IDENTIFICATION CARD**  
**NOT A DRIVER'S LICENSE**



SHAWN HOWARD HOFFMAN  
835 FRANKLIN AVE  
WABASHA, MN 55981

Date of Birth 10-24-1981

Sex Eyes Class

M BLU ID

Height Weight

5-10 198

DONOR

ISSUED 12-2015

EXPIRES 10-24-2018

*[Signature]*

X034246495007

# Shawn Hoffman

## **hard worker 6 plus years in manufactured work**

Wabasha, MN 55981

shawnhoffman22\_zi4@indeedemail.com

+1 651 564 2404

im a hard worker always willing to help other or filling werever needed always willing to learn to new jobs

Authorized to work in the US for any employer

## Work Experience

### **CNC Machinist**

Federal-Mogul Powertrain - Lake City, MN

June 2018 to August 2020

I run a machine and make adjustments on computers when needed also change tools and rough stones when needed i also ran hone

### **Production Worker**

Crenlo - Rochester, MN

January 2018 to June 2018

Put parts on cab for tractor

### **Cook**

Treasure Island Resort & Casino - Red Wing, MN

May 2017 to December 2017

Cook and prep cook order

## Education

**None**

## Skills

- Cnc Machine (2 years)
- Cnc Lathe (2 years)
- Forklift (2 years)
- Manufacturing (6 years)
- Machining (2 years)
- CNC (2 years)
- Blueprint Reading (2 years)
- CNC Programming (2 years)

- Micrometer (2 years)
- Calipers (2 years)

**You have applied / are interviewing for the following position:**

**JOB TITLE:** Intake Operator **Starting Wage:** \$15.42 **Shift/Hours:** 1<sup>st</sup> shift 5a – 5pm

**JOB OBJECTIVE:** Convert Skim Milk or Buttermilk into condensed products or dried powder.

**QUALIFICATIONS (based on essential functions):**

- High School Diploma or General Education Degree (GED) or equivalent experience.
- Computer skills.
- Possess basic mathematic skills.
- Ability to arrive at work on time and work rotating weekends and holidays.

**JOB FUNCTIONS:** Every effort has been made to identify the essential functions of this position. However, it in no way states or implies that these are the only duties you will be required to perform. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or an essential function of the position.

**DUTIES/RESPONSIBILITIES:** Compliance with all Safety policies. Follow all GMP's and work in a manner consistent with all company, customer, regulatory, food safety, quality, and sanitation requirements to produce safe quality food. Operate the Evaporators. Operate the Dryer. Accurately complete all production paperwork and HTST charts. Test and monitor finished products for solids (liquid products), moisture (powder) and scorch particle (powder) to meet the product specification. Wash and physically inspect all equipment following sanitation requirements. Operate equipment to target run rates and follow the production schedule. Provide support for the Separator and Cream plate as needed. Share the break relief responsibility for Packaging Operators. Effective communication and teamwork with shift and across all shifts. Always keep facility areas clean and orderly; complete the Master Sanitation requirements. Complete all other duties as assigned.

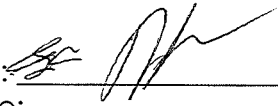
**WORK ENVIRONMENT:** While performing the duties of this job, the employee regularly works near moving mechanical parts and is frequently exposed to loud, hot, wet and/or humid conditions. The employee is required to climb ladders and stairs and wear appropriate PPE (personal protective equipment) as required.

**PHYSICAL REQUIREMENTS (with or without reasonable accommodation):** While performing the duties of this job, the employee is regularly required to stand, talk, hear, walk; reach with hands and arms; climb or balance; and stoop, kneel, crouch, or crawl. The employee must regularly lift 55 lb. bags and occasionally more.

**MENTAL REQUIREMENTS (with or without reasonable accommodation):** Able to concentrate on minimal details with little interruption. Able to attend to task/function for 60 minutes at a time. Able to remember verbal and/or written task/assignment for a twelve-hour shift.

**WORK HOURS:** Twelve-hour workdays rotating, **Week 1:** Monday, Tuesday, Friday, Saturday, Sunday. **Week 2:** Wednesday and Thursday

*I understand by signing this form, I have been informed about what position I am interviewing for.*

Applicant Signature:  Date: 7-28-21  
Interviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Authorization to Enter New Hire Information**

By signing below, I authorize a member of Corporate Management Group – Rochester Office – to enter my new hire paperwork into the online Zenopole (NHO) site. I understand that I will be provided access via login name and password to view the forms that they have completed on my behalf.

Employee Signature:  Date: 9-28-21

## **Insurance Information**

I understand that the CMG Staff defaults to decline insurance when entering my new hire paperwork unless specified otherwise during my interview.

I understand that I have ~~30 days~~ after my employment starts to apply for insurance through ESSG via the login information provided to me.

I agree: JA (initial)

## **Applicant Certification and Authorization for Background Check**

*Please read the below statements and initial on the indicated line*

**(This information will be inputted onto the online NHO form – you will be provided the login information during your interview)**

I authorize Employer Solutions Staffing Group (ESSG) to use the information and statements contained in this application to determine my qualifications. I authorize ESSG to make inquiries of my former employers, except as indicated in this application, regarding my previous duties, responsibilities, performance, compensation and eligibility for rehire.

I understand that comprehensive background checks may be conducted to determine my eligibility for my hire by certain clients of ESSG. This may include – but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by ESSG policies.

I release ESSG and other persons or entities from any claims that might be based on ESSG's decision to conduct a background check. I certify that all statements made in my application are true and accurate and that I have not omitted any material information or provided false or misleading information. I understand that any material omission or misrepresentation will result in my disqualification from consideration for employment or if discovered after I begin my employment, will result in my termination.

If hired, I agree to abide by the policies and procedures of ESSG.

**I have read and agree** SA **(initial)**

I hereby authorize Employer Solutions Staffing Group, LLC and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes. I understand that the scope of the consumer report / investigative consumer report may include, but is not limited to the following areas: verification of social security number, credit reports, current and previous residences, employment history, education background, character references, drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, country jurisdictions, driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation or public agency to divulge any and all information, verbal or written, pertaining to me, to Employer Solutions Staffing Group, LLC or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation or public agency may have to include information or data received from other sources Employer Solutions Staffing Group, LLC and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers and dates of birth.

**I have read and agree** SA **(initial)**

[illegible]

Name: Shawn Hoffman

Last 4 of SSN: 3494

Please mark what option you choose

X Direct Deposit

Bank Name Green dot Bank

Routing Number 124 303 120

Account Number 1124 0630 3150

## Circle One

Checking-or- Savings

*I Understand and acknowledge that if I do not provide a voided check with this direct deposit form, I am responsible for any delays in payroll or extra costs included if the account number that I provide is incorrect.*

Initial JA

\_\_\_\_\_ Bank of America Money Network Card

↓ Office Use Only ↓

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

# EMERGENCY CONTACT INFORMATION

Employer Solutions Staffing Group In-Case of an Emergency – Notification Information

**Please list at least one person with one working phone number.**

*We will only contact the name(s) listed below if we are unable to get ahold of you or if there is an emergency.*

## **Contact # 1:**

Name: TYMISSA ADAMS

Relationship: Sister

Phone Number: 651-380-6023

## **Contact # 2**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Additional information you want ESSG and our client to know in the event of an emergency:

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This information will remain confidential and will only be used in the case of an emergency.

SH

## Employee's Withholding Allowance Certificate (Federal W4)

You may claim exemption from this year withholding if you BOTH: had no federal income tax liability in the previous year and you expect to have no federal income tax liability this year. If you claim exempt, no federal income tax is withheld from your paycheck; you may owe taxes and penalties when you file your current year's tax return.

**Would you like to claim exemption from Federal Income Tax?**

☒ Yes ☐ No

**Choose your filing status**

☐ Single or Married filing separately

☐ Married filing jointly (or qualifying widow(er))

☐ Head of Household (check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

**Are you married filing jointly and your spouse also works?**

☐ Yes ☐ No

**Do you hold more than one job at a time?**

☐ Yes ☐ No

**Claim Dependents:**

To claim dependents if your income will be \$200,000 or less (\$400,000 or less if married filing jointly)

**Do you have qualifying children under age 17?**

☐ Yes ☐ No (If yes, how many? 1)

**Do you have any other dependents?**

☐ Yes ☐ No

**Other Adjustments:**

Other Income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income.

Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here.

Extra Withholding. Enter any additional tax you want withheld each pay period.

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete

I have read and agree: [Signature] Date: 9-25-21

Employee Withholding Allowance/Exemption Certificate  
2021 State - Minnesota

S/1

**Choose Filing Status**



Single; Married, but legally separated; or Spouse is a nonresident alien



Married



Married, but withhold at higher Single rate

**Exempt Status**



Yes



No

**Section 1 — Determining Minnesota Allowances**

A. Enter "1" for yourself if no one else can claim you as a dependent...



B. Enter "1" if: ..... • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages are \$1500 or less.



C. Enter "1" for your spouse. You may choose to enter "0" if you are married and have either a working spouse or more than one job. Entering "0" may help you avoid having too little tax withheld.).....



D. Enter the number of dependents (other than your spouse or yourself) you will claim on your tax return.



E. Enter "1" if you will file as Head of Household (see instructions for qualifying as Head of Household)...



Total number of allowances you are claiming. Add steps A through E. If you plan to itemize deductions on your 2021 Minnesota return, you may also complete the Itemized Deductions and Additional Income Worksheet.....



**Total Number of Minnesota allowances**



Additional Minnesota withholding you want deducted each pay period



I certify that all information provided in Section 1 OR Section 2 is correct. I understand there is a \$500 penalty for filing a false withholding allowance/exemption certificate.

I have read and agree: [Signature] Date: 7-28-21



Employment Eligibility Verification  
Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 10/31/2022

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

|                                                             |                                                   |                                         |                                                        |                            |                                                    |                          |
|-------------------------------------------------------------|---------------------------------------------------|-----------------------------------------|--------------------------------------------------------|----------------------------|----------------------------------------------------|--------------------------|
| Last Name (Family Name)<br><b>Hoffman</b>                   |                                                   | First Name (Given Name)<br><b>Shawn</b> |                                                        | Middle Initial<br><b>H</b> | Other Last Names Used (if any)                     |                          |
| Address (Street Number and Name)<br><b>835 Franklin Ave</b> |                                                   | Apt. Number                             | City or Town<br><b>Waldorf</b>                         |                            | State<br><b>MD</b>                                 | ZIP Code<br><b>20681</b> |
| Date of Birth (mm/dd/yyyy)<br><b>10/24/1981</b>             | U.S. Social Security Number<br><b>499-96-3494</b> |                                         | Employee's E-mail Address<br><b>dak42188@gmail.com</b> |                            | Employee's Telephone Number<br><b>410-564-2404</b> |                          |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

|                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| <input checked="" type="checkbox"/> 1. A citizen of the United States                                                                                                                                                                                                                                                                                                                                                    | <div>QR Code - Section 1<br/>Do Not Write In This Space</div> |
| <input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)                                                                                                                                                                                                                                                                                                                                |                                                               |
| <input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____                                                                                                                                                                                                                                                                                                                  |                                                               |
| <input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____<br>Some aliens may write "N/A" in the expiration date field. (See instructions)                                                                                                                                                                                                                        |                                                               |
| <p>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:<br/>An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</p> <p>1. Alien Registration Number/USCIS Number: _____<br/><b>OR</b><br/>2. Form I-94 Admission Number: _____<br/><b>OR</b><br/>3. Foreign Passport Number: _____<br/>Country of Issuance: _____</p> |                                                               |

|                           |                                                |
|---------------------------|------------------------------------------------|
| Signature of Employee<br> | Today's Date (mm/dd/yyyy)<br><b>09/25/2021</b> |
|---------------------------|------------------------------------------------|

**Preparer and/or Translator Certification (check one):**

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

|                                     |  |                           |                |
|-------------------------------------|--|---------------------------|----------------|
| Signature of Preparer or Translator |  | Today's Date (mm/dd/yyyy) |                |
| Last Name (Family Name)             |  | First Name (Given Name)   |                |
| Address (Street Number and Name)    |  | City or Town              | State ZIP Code |

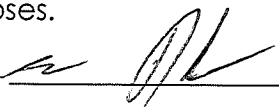


Employer Completes Next Page



## Employee Photo Consent Form

I, Shawn Hoffman, agree to let CMG – Rochester office – to take and upload my photo for security purposes.

Employee Signature Name: 

Date: 9-28-21

## CMG Preliminary Questions

Name: Shawn Hoffman

Date: 9-28-21

### Please Mark Yes or No

1. If hired are you willing to take a drug test? Yes No

2. Are you able to work with Dairy Products? Yes No

### Please Mark Your Preferred Position

3. What shift to you prefer? Day Night

**\*To be completed during or after interview\***

Have you ever been convicted of a misdemeanor or felony? Yes\_\_\_\_ No~~X~~\_\_\_\_

Explain

Incident\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee Signature 

Interviewer Signature\_\_\_\_\_

# Work Opportunity Tax Credit Questionnaire

This Company participates in federal and/or state tax credit programs. The information you give will be used to determine the company's eligibility for these programs and will in no way negatively impact any hiring, retention, or promotion decisions.

## Do any of these statements apply to you?

### You or a household member received...

- Unemployment compensation in 2020
- Any type of government assistance
- Welfare/TANF
- Food Stamps/SNAP
- Social Security Income benefits

### You...

- Have been approved to receive unemployment compensation in 2020
- Served in the U.S. Armed Forces
- Received vocational rehabilitation services
- Were convicted of a felony

YES / NOT SURE / NO

If you marked yes or not sure, please answer the following questions:

Are you under age 40? ☒ YES / NO

What is your date of Birth? (MM/DD/YYYY) 10/24/1981

Have you previously worked for Employer Solutions Group? YES ☒ NO

### PLEASE ANSWER THE FOLLOWING

Not Sure? Select YES and we will verify for you.

1. Have you served in the U. S. Military?

YES / ☒ NO / NOT SURE -If you answered NO, skip to question #7.

2. Were you unemployed for at least 6 months in the past year?

☒ YES / NO / NOT SURE

3. Have you received SNAP (Food Stamps) in the past 15 months?

☒ YES / NO / NOT SURE

4. Are you entitled to compensation for a service-related disability?

YES / ☒ NO / NOT SURE

5. Were you discharged or released from active duty in the past year?

YES / ☒ NO / NOT SURE

6. In what year were you discharged from active duty?

(YYYY)

7. Have you or someone in your household received or stopped receiving TANF (Welfare), childcare, housing, or transportation assistance in the past 2 years?

YES / ☒ NO / NOT SURE -If you answered NO, skip to question #13.

8. Did you or your household member receive assistance at least 9 months in the past 18 months?  
YES / ☒ NO / NOT SURE

9. Did you or your household member receive assistance for at least the past 18 months?  
YES / ☒ NO / NOT SURE

10. Did you or your household member receive assistance at least 18 months between August 1997 and June 2019?  
YES / ☒ NO / NOT SURE

11. Did you or a household member stop receiving assistance in the past 2 years because it exceeded the time limitation?  
YES / ☒ NO / NOT SURE

12. Choose the state in which you received your TANF (Welfare) benefit.  
WHAT STATE? *minnesota*

13. Have you received SSI (Social Security Income) benefits in the last 90 days?  
YES / ☒ NO / NOT SURE

14. Have you received vocational rehabilitation services?  
YES / ☒ NO / NOT SURE

If YES: Select the rehabilitation service, you received.

STATE AGENCY / VETERANS ADMINISTRATION / TICKET TO WORK

15. Have you been unemployed for at least 27 weeks in a row, during which you received some unemployment compensation?  
YES / ☒ NO / NOT SURE

If YES:

When were you unemployed?

From

8/28/20 MM/DD/YYYY

What is the state in which you received compensation?

WHAT STATE?

*minnesota*

16. Were you convicted of a felony or released from prison for a felony in the past year?  
YES / ☒ NO / NOT SURE

If YES:

What was your conviction date?

                     MM/DD/YYYY

What was your release date?

                     MM/DD/YYYY

Choose your conviction state.

WHAT STATE?

Was it a Federal or State Conviction?

FEDERAL / STATE

Did you receive deferred adjudication?

YES / ☒ NO / NOT SURE

17. Have you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit?

YES / ☒ NO / NOT SURE



## Case Verification Number: 2021272155545DB

Report prepared: 09/29/2021

### Company Information

Company ID: 1284996

Company Name: ESSG - Corporate Management Group

Client Company ID: 1284996

Client Company Name: ESSG - Corporate Management Group

### Employee Information

Name: Shawn Hoffman

Date of Birth: 10/24/1981

U.S. Social Security Number: \*\*\*-\*\*-3494

Employee's First Day of Employment:  
09/29/2021

Citizenship Status: U.S. Citizen

### Document Information

List B Document: Driver's license or ID card issued by a U.S. state or outlying possession

Document Subtype: State Issued ID Card

Document Number: \*\*\*\*\*5007

State: Minnesota

List C Document: Social Security Card

### Case Information

Case Status: Closed

Case Submitted By: Diana Elton

Current Case Result: Employment Authorized

Reason for Closure: Employment Authorized  
Auto Close